

Date of Initial Request : _____

Case Number : _____

NEW JERSEY AGRICULTURAL MEDIATION PROGRAM

REQUEST FOR VOLUNTARY MEDIATION

For disputes involving actions and decisions concerning USDA programs

I (we) _____ request voluntary mediation under the New Jersey Agricultural Mediation Program (NJAMP).

USDA agency involved: _____

Producer Name _____ Telephone _____

Address _____

City, State, ZIP _____

Briefly describe the situation: _____

Briefly describe requestor's relationship to the party(ies) with which you have a dispute:

In addition to the USDA Agency, list other participants you desire to be in the mediation:

(name)

(address)

(phone)

I hereby give permission to the NJAMP to release information provided to the mediator assigned to the case. I understand this information is being released for the purpose of mediation only and shall not be released for any other purpose without my permission. By returning this completed request form, I am consenting to participate in mediation. I accept the policies and procedures outlined for the program.

Signature

Date

If this form is used as the initial request, it must be postmarked or faxed within 30 calendar days of the date of the above named agency's adverse decision letter to:

New Jersey Agricultural Mediation Program
New Jersey State Department of Agriculture
P.O. Box 330, Trenton, New Jersey 08625
(609) 984-2504 FAX (609) 633-2004

The other parties involved in this mediation will be notified within five (5) working days after NJAMP receives an initial written request. NJAMP will forward a copy of this document to the other parties as part of the request for mediation. Please keep a copy of this document for your records.